

EDITORIAL

Global burden of cardiovascular disease

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It was estimated in 1998 that 85% of the global burden of cardiovascular diseases occurred in low and middle income countries.^{1,2} Furthermore, about half the deaths in the 1990s attributable to cardiovascular diseases in these countries were in those below the age of 70 years compared with only a quarter in the developed countries.²

Although the mortality rate of cardiovascular diseases and prevalence of major cardiovascular risk factors has generally decreased in economically developed countries, the corresponding mortality rate and risk prevalence has substantially increased in China, other East Asian societies and now India, which have been undergoing rapid demographic, social and economic changes.³⁻⁵ Dietary and lifestyle changes associated with economic growth and increasing wealth have led to a marked increase in obesity and diabetes in Asia that may further increase the burden of cardiovascular diseases.⁶⁻⁸ In sub-Saharan Africa, where infectious diseases remain the leading cause of death, hypertension and stroke are emerging as an important cause of ill health in the rapidly urbanising population of the region.⁹ Despite these facts, the vast majority of publications in cardiovascular diseases refer to the populations of North America and Western Europe. Additionally, many of the guidelines derived from these areas are being applied, perhaps inappropriately, to other populations in completely different environments. *Heart* is attempting to redress this imbalance by publishing a series of invited reviews on different aspects of cardiovascular diseases in India, China, sub-Saharan Africa and South America. Emphasis is placed on local research data and practices so that these can reach a wider audience; there are many lessons to be learnt for all from practising medicine in a more resource-poor environment that concentrate the mind on doing what is most cost effective. The first in the series begins with cardiomyopathies and pericarditis in Africa, which

Heart 2007;93:1175. doi: 10.1136/hrt.2007.131060

are major causes of heart failure (see article on page 1176).¹⁰

We thank our many contributors for finding time in their busy clinical schedules to produce these reviews and we hope that our readership will find the articles as interesting and illuminating as we have as editors.

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Conflict of interest: None declared.

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